

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 15, 2003

RE: MDR Tracking #: M2-03-0833-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a neurosurgeon physician reviewer who is board certified in neurosurgery. The neurosurgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant is a 57-year-old woman who injured her low back while at work in ___. She has been treated conservatively with multiple modalities but failed to improve. She continues to complain of low back, bilateral buttock, and left leg pain. Repeated neurological examinations have failed to demonstrate objective neurologic deficit.

Requested Service(s)

A lumbar CT myelogram with reconstruction has been requested.

Decision

I agree with the insurance carrier that this study is not indicated or necessary.

Rationale/Basis for Decision

The request for permission to perform a CT myelogram of the lumbar spine with reconstruction is apparently based on the fact that the claimant continues to be symptomatic and is described by the doctor as having "bilateral recess stenosis" and "also has bilateral L5-S1 foraminal stenosis." However, the report of the MRI study of the lumbar spine dated September 13, 2001, specifically states that "lateral recess appear normal." There is no mention of foraminal stenosis. A CT study of the lumbar spine, dated November 27, 2002, makes no mention of foraminal stenosis or lateral recess narrowing or stenosis.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.